

Revised

RCRA Subtitle I Inspection Report

UST Compliance Inspection

DC Materials Company
25 Potomac Avenue SE
Washington, DC 20003

Telephone Number: 703-550-7650

Date of Inspection: June 27, 2008

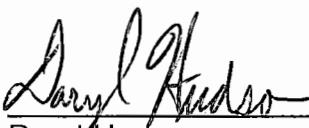
Facility Identification Number: 2000271

Facility Location: 38° 52.257N, 077° 00.468W

EPA Representative: Daryl Hudson (Contractor), Chemical Engineer, 703-633-1706

Tank Owner: DC Materials Company

Tank Owner Representative: Thomas Foley, Supervisor, 703-354-7100 x 202
(office); 571-437-1279 (cell)


Daryl Hudson

7/16/08
Date

Background

On June 27, 2008, the United States Environmental Protection Agency (EPA), Region 3, Office of Enforcement, RCRA Compliance and Enforcement Branch, represented by its contractor, Daryl Hudson of ERG, conducted a Compliance Evaluation Inspection (CEI) of DC Materials Company located at 25 Potomac Avenue SE in Washington, DC to determine the extent of compliance with Subtitle I of the Resource Conservation and Recovery Act (RCRA).

Inspection Observations

Inspection Procedures. EPA Work Assignment Manager, Karen Bowen, contacted a representative of this facility on June 24, 2008 to schedule an inspection of the facility. Mr. Hudson conducted the inspection on June 27, 2008. Upon arrival at the facility, Mr. Hudson provided his credentials to Mr. Thomas Foley, Supervisor, and explained the scope and purpose of the inspection. After completing the inspection, Mr. Hudson completed the Region 3 (UST) Compliance Checklist, which is included as Attachment 1 to this report.

Tank Descriptions. The DC Materials Company facility has one UST (see Table 1) which stores diesel. According to the facility's notification to DDOE, the tank is steel with fiberglass reinforced plastic (FRP) and the tank was installed in February 1985. Attachment 3 contains documentation showing that the tank is Buffhide (steel covered with fiberglass). The tank has a fill port. According to the DDOE notification, the tank supplies fuel to the dispenser via flexible plastic double-walled piping. See the site diagram sketch in Attachment 1 and Photographs #1 and #2 in Attachment 2 for an overview of the facility.

Tank Release Detection. Releases from Tank 1 are detected by a Veeder-Root (VR) TLS-300C monitoring system that conducts Automatic Tank Gauging (ATG). Any UST alarms appear on the VR system located in the concrete plant office. During the inspection, the VR monitor indicated all functions were normal. No monitor certification or inspection documentation was provided. Attachment 4 contains the VR monthly tank leak detection monitoring records for 8 of the last 12 months. The monitoring results show that the VR conducts monthly 0.2 GPH tank leak testing and that the tank passed the test in each of the months where records were available. No test results were provided for Tank 1 in November 2007, December 2007, January 2008, or February 2008.

Table 1
Underground Storage Tank and Piping Details for the DC Materials Company

Tank No.	Material Stored	Capacity (gal.)	Installation Date	Tank Construction Material	Piping Construction Material
1	Diesel	12,000	2/85	Steel w/FRP	FLEX DW

FRP – Fiberglass reinforced plastic.

FLEX – Enviroflex plastic.

DW – Double-walled.

Piping Release Detection. According to the DDOE facility notification, safe suction double-walled piping was installed on Tank 1. The EPA inspector observed the transfer pump on the tank to be located inside the fueling dispenser and one or no other check valves were present in the transfer piping directly beneath the transfer pump (see Photograph #3 in Attachment 2 – the union beneath the pump may or may not be a union check valve). The EPA inspector also observed the piping to be sloped back to the tank.

Releases from the double-walled piping are detected by a liquid sensor located in the manway access sump (see Photograph #4 in Attachment 2). The liquid sensor is connected to the VR monitoring system. The liquid sensor was not tested during the inspection because it was too deep in the manway sump to reach.

Spill/Overfill Prevention. The EPA inspector observed an overfill cutoff valve in the fill pipe for the tank. The EPA inspector noted a spill bucket, which was observed to be in good condition, surrounding the fill pipe for the tank during the inspection.

Cathodic Protection. The DDOE facility notification states that the tank at the facility is composite (steel with FRP). Tank specification documentation in Attachment 2 shows the tank at the facility is Buffhide (steel covered with fiberglass). The EPA inspector observed all piping entering the ground to be double-walled Enviroflex piping.

Financial Assurance. The facility is guaranteed/insured through Old Republic Insurance Company (Policy Number MWZZ 50496). Attachment 5 contains proof of financial assurance.

Used Oil. The EPA inspector did not observe used oil tanks or drums at the site.

Other USTs. The EPA inspector did not observe any other USTs at the facility.

Attachments

1. Region 3 UST Compliance Checklist
2. Photo Log
3. Tank Material of Construction
4. Veeder-Root Monitor Printouts
5. Proof of Financial Assurance

Attachment 1. Region 3 UST Compliance Checklist

Leak Detection Inspection

I. Ownership of Tank(s)

II. Location of Tank(s)

X Materials
 20 Box 5096
 Springfield, VA 22150

25 Potomac Ave. SE
 Washington, DC 20003
 Number of Tanks at This Location: 1

GPS
 38° 52.257 N
 077° 00.468 W

A. Tank Information

Complete for each tank. If facility has more than 4 tanks, photocopy page and complete information for additional tanks.

Tank presently in use (circle)	Tank 001	Tank 2	Tank 3	Tank 4
If not, date last used				
If emptied, verify 1" or less of product in tank				
Month and Year Tank Installed	Feb 1985			
Material of Construction tank/pipe	* Tank - Steel w/FRP ** Piping - Flex Plastic DW			
Capacity of Tank (in gallons)	12,000			
Substance Stored	Diesel			

A. Release Detection For Tanks

Check the release detection method(s) used for each tank or N/A if none required.

Manual Tank Gauging (tanks under 1,000 gal.)				
Manual Tank Gauging and Tank Tightness Testing (tanks under 2,000 gal.)				
Tank Tightness Testing and Inventory Control				
Automatic Tank Gauging	✓			
Vapor, Groundwater or Interstitial Monitoring				
Other approved method (SIR)				

B. Release Detection For Piping

Check the release detection method(s) used for piping.

Check Pressurized (P) or Suction (S) Piping for each tank	S			
Automatic Line Leak Detectors, and check one				
Vapor or Groundwater Monitoring				
Secondary Containment with Monitoring				
Line Tightness Testing				

Daryl Hudson certify that I have inspected the above named facility on **06/27/08**
 (print name) month/day/year

Inspector's Signature: **Daryl Hudson** Date: **06/27/08**

* Documentation states tank is Butthide (steel coated with fiberglass).
 * DOE notification form states piping is flexible plastic double-walled.

Leak Detection for Piping

Pressurized Piping

A method must be selected from each set. Where applicable indicate date of last test. If facility has more than 4 tanks, please photocopy this page and complete information on additional piping.

Set 1	Tank 1 ⁰⁰¹	Tank 2	Tank 3	Tank 4
Automatic Flow Restrictor				
Automatic Shut-off Device				
Continuous Alarm System				
and				
Set 2				
Annual Line Tightness Testing				
Interstitial Monitoring				
If Interstitial Monitoring, documentation of monthly monitoring is available				
Ground-Water or Vapor Monitoring				
If Ground-Water or Vapor Monitoring, documentation of monthly monitoring is available				
Other Approved Method (specify in comments section)				

Suction Piping. Indicate date of most recent test.

Line Tightness Testing (required every 3 years)				
Secondary Containment with Interstitial Monitoring				
Ground-Water or Vapor Monitoring				
Other Approved Method (specify in comments section)				
No Leak Detection Required (must answer yes to all of the following questions)	✓			
Operates at less than atmospheric pressure	✓			
Has only one check valve, which is located directly under pump	✓			
Slope of piping allows product to drain back into tank when suction released	✓			
All above information on suction piping is verifiable	See below			

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored), wells and their distance from tanks and piping.

Comments: DDOE notification form states the tank has safe suction piping. Inspector observed 1) piping sloped back to the tank, 2) pump located in dispenser, and 3) a union directly beneath the transfer pump that may or may not be a check valve. Facility did not provide any documentation verifying safe suction.

Inspector's Signature: *Daryl Hinds*

Date: 6/27/08

Facility ID Number 2000271

Inventory Control and Tank Tightness N/A

Method of tank tightness testing: _____

Address of tank tightness tester: _____

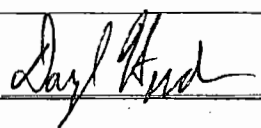
Please complete all information for each tank. If this facility has more than 4 tanks, please photocopy this page and complete the information for all additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Date of last tank tightness test.				
Did tank pass test? Indicate yes or no. If no, specify in comments section below the status of the tank or what actions have been taken (e.g., has state been notified?)				
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.				
Averages or shortages are less than 1% + 130 gals of tank's w-through volume.				
io, which months were not?				

Please answer yes or no for each question:

Owner/operator can explain inventory control methods and figures used and recorded.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Records include monthly water monitoring.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank inventory reconciled before and after fuel delivery.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Books are reconciled monthly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proper calibration chart is used for calculating volume.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dispenser pumps are calibrated to within 6 cubic inches per five gallons.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drop tube in the fill pipe extends to within one foot of tank bottom.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Owner can demonstrate consistency in dipsticking techniques.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dipstick is long enough to reach the bottom of the tank.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ends of the gauge stick are flat and not worn down.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dipstick is marked legibly & the product level can be determined to the nearest 1/8th inch.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank has been tested within the year & has passed the tightness test (if necessary).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Third-party certification of the tank tightness test method is available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tank tester complied with all certification requirements.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Monitoring and testing are maintained and available for the past 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments: _____

Director's Signature:  Date: 6/27/09

Facility ID Number 2000271

Vapor Monitoring N/A

Name of monitoring device: _____

Date system installed _____ Number of monitoring wells _____

Distance of monitoring well(s) from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please indicate yes or no for each tank. Please complete all information for each tank. If facility has more tanks, please photocopy this page and complete the information for additional tanks.

	Tank 1	Tank 2	Tank 3	Tank 4
Well is clearly marked and secured.				
Well caps are tight.				
Well is constructed so that monitoring device is not rendered inoperative by moisture or other interferences.				
Well is free of debris or has other indications that it has been recently checked.				

Please answer yes or no for each question

UST excavation zone was assessed prior to vapor monitoring system installation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One or more USTs is/are included in system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the system is automatic, check the following:

Power box is accessible and power light is on.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of monthly readings is available for last 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment used to take readings is accessible and functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vapor monitoring equipment has been calibrated within the last year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the system is manual, check the following:

Documentation of monthly readings is available for last 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment used to take readings is accessible and functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Vapor monitoring equipment has been calibrated within the last year.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Porous material was used for backfill.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wells are placed within the excavation zone.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Level of background contamination is known. If so -- what is level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored) and their distance from tanks and piping.

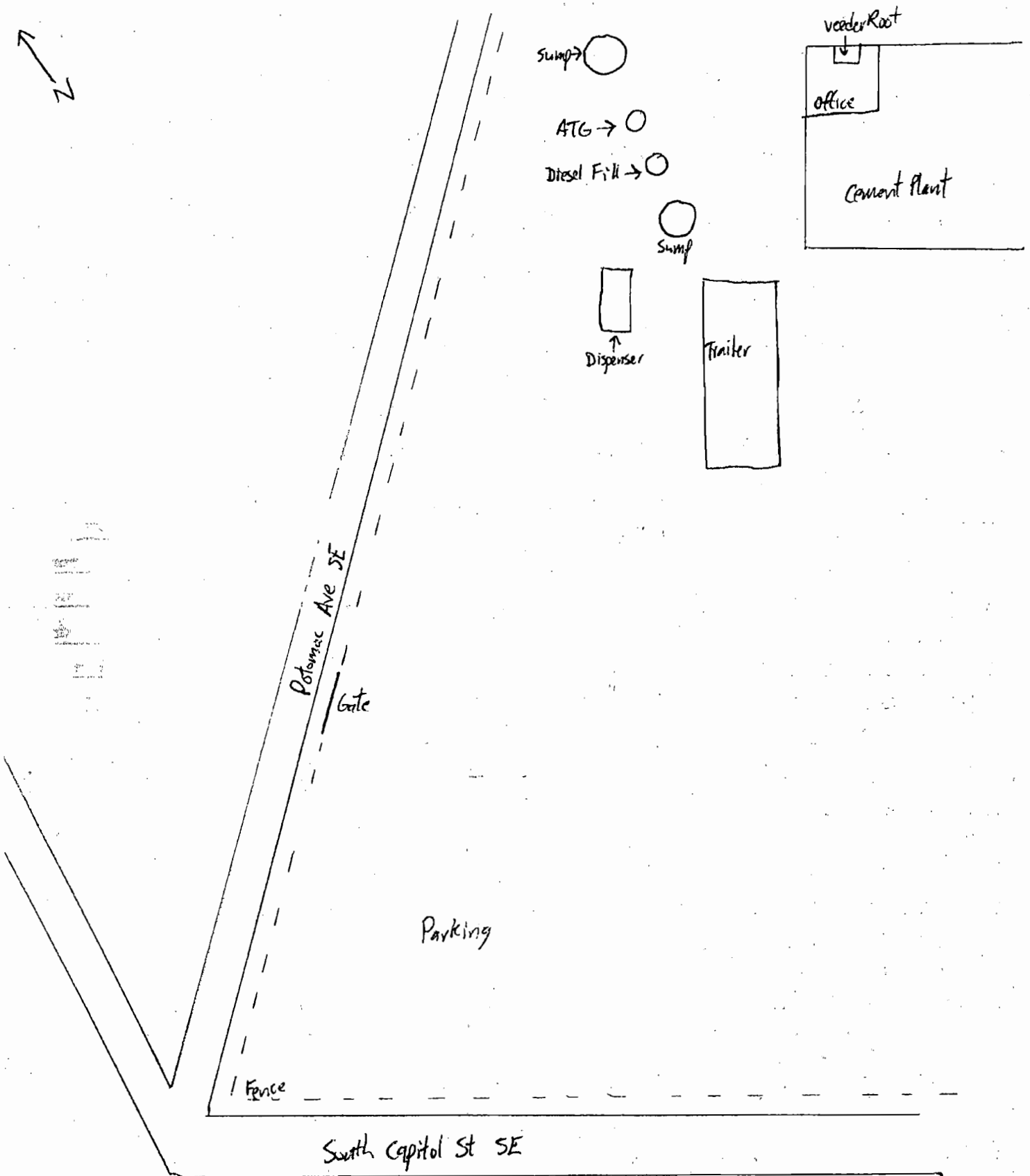
Comments: _____

Inspector's Signature: 

Date: 10/27/08

Facility ID Number 2000 271

Site Sketch/Photo Log



Manual Tank Gauging N/A

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal. or fewer or in tank tightness testing for tanks of up to 2,000 gal.

Please indicate the number of the tank or tanks for which manual tank gauging is used as the main leak detection (1 & 4): _____

Please answer yes or no for each question

Records show liquid level measurements are taken at beginning and end of period of at least ([Circle one] 36, 44, 58) hours during which no liquid is added to or removed from the tank. Yes ☐ No ☐

Level measurements are based on average of two consecutive stick readings at both beginning and end of period. Yes ☐ No ☐

Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time. Yes ☐ No ☐

Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down. Yes ☐ No ☐

Gauge stick is marked legibly and product level can be determined to the nearest one-eighth of an inch. Yes ☐ No ☐

MTG is used as sole method of leak detection for tank. Yes ☐ No ☐

MTG is used in conjunction with tank tightness testing. Yes ☐ No ☐

Are all tanks for which MTG is used under 2,000 gallons in capacity? Yes ☐ No ☐

Are monitoring records available for the last 12 month period? Yes ☐ No ☐

Check One:	Nominal Tank Capacity (in gallons)	Tank Dimensions	Monthly Standard (in gallons)	Minimum Test Duration
()	110-550	N/A	5	36 hours
()	551 - 1,000*	N/A	7	36 hours
()	1,000*	64" diameter x 73" length	4	44 hours
()	1,000*	48" diameter x 128" length	6	58 hours
()	1,001 - 2,000*	N/A	13	36 hours

* Manual tank gauging must be used in combination with tank tightness testing for tanks over 550 gal. and up to 2,000 gal.

Comments: _____

Inspector's Signature: _____

Date: 6/27/08

Facility ID Number 2000271

Ground Water Monitoring N/A

Site System Installed: _____

Distance of well from tank(s) (1) _____ (2) _____ (3) _____ (4) _____

Distance of well from piping (1) _____ (2) _____ (3) _____ (4) _____

Site assessment was conducted by: _____

Location of site assessment documentation: _____

Please answer each question of each well

If there are more than 4 wells, please photocopy this page and complete the information for all additional wells.

	Well 1	Well 2	Well 3	Well 4
Well is clearly marked and secured to avoid unauthorized access or tampering.				
Well was opened and presence of water was observed in well at depth of _____ ft.				

Please answer yes or no for each question

Wells are used to monitor piping.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site assessment was performed prior to installation of wells.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Documentation of monthly readings is available.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Specific gravity of product is less than one.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hydraulic conductivity of soil between UST system and monitoring wells is not less than 1 ft/sec. According to:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Groundwater is not more than 20 feet from ground surface.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wells are sealed from the ground surface to top of filter pack.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Continuous monitoring device or manual bailing method used can detect the presence of at least one-eighth of an inch of the product on top of groundwater in well.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Groundwater is monitored manually on a monthly basis. () Automatically (continuously or monthly basis [Circle one]).		
Check the following if groundwater is monitored manually: Bailer used is accessible and functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check the following if groundwater is monitored automatically: Monitoring box is operational.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of sensor in monitoring well.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

On the back of this sheet, please sketch the site, noting all piping runs, tanks (including size and substances stored in tanks) and their distance from tanks and piping.

Comments: _____

Inspector's Signature: Daryl Hinds

Date: 6/27/08

Facility ID Number 2000271

Interstitial Monitoring

N/A

Manufacturer and name of system: _____

Date system installed: _____

Materials used for secondary barrier: _____

Materials used for internal lining: _____

Interstitial space is monitored (Circle one): automatically, continuously, monthly basis.

Please answer yes or no for each question

All tanks in system are fitted with secondary containment and interstitial monitoring.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
System is designed to detect release from any portion of UST system that routinely contains product.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Monitoring method is documented as capable of detecting a leak as small as .1 gal./hr with at least a 95% probability of detection and a probability of false alarm of no more than 5%.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Documentation of monthly readings is available for last 12 months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Maintenance and calibration documents and records are available and indicate appropriate maintenance procedures for system have been implemented.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Monitoring box, if present, is operational.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If monitoring wells are part of leak detection system, monitoring wells are clearly marked and secured to avoid unauthorized access and tampering.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Interstitial space is monitored manually on monthly basis (answer the following question).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Equipment used to take readings is accessible and functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Tank is double-walled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Tank is fitted with internal bladder to achieve secondary containment (answer the following question).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Bladder is compatible with substance stored and will not deteriorate in the presence of that substance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Excavation is lined with impervious artificial material to achieve secondary containment (answer the following questions).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier is always above groundwater.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If secondary barrier is not always above groundwater, secondary barrier and monitoring system are designed for use under such conditions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier is constructed from artificially constructed material, with permeability of substance < 10 ⁻⁶ cm/sec.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier is compatible with the regulated substances stored and will not deteriorate in presence of that substance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Secondary barrier does not interfere with operation of cathodic protection system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Comments: _____

Inspector's Signature: Samuel Anderson Date: 6/27/08

Facility ID Number 2000271

Automatic Tank Gauging

Manufacturer, name and model number of system: VR TLS-300C

Please answer yes or no for each question

Device documentation is available at site (e.g., manufacturer's brochures, owner's manual).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Device can measure height of product to nearest one-eighth of an inch.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Documentation shows that water in bottom of tank is checked monthly to nearest one-eighth of an inch.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Documentation is available that the ATG was in test mode a minimum of once a month.	See below Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of gauge in tanks.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked for presence of monitoring box and evidence that device is working (i.e., device is equipped with roll of paper for results documentation).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Owner/operator has documentation on file verifying method meets minimum performance standards of .20 gph with probability of detection of 95% and probability of false alarm of 5% for automatic tank gauging (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Checked documentation that system was installed, calibrated, and maintained according to manufacturer's instructions.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Maintenance records are available upon request.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Monthly testing records are available for the past 12 months.	Yes <input type="checkbox"/>	See below No <input checked="" type="checkbox"/>
Daily monitoring records are available for the past 12 months (if applicable).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Comments: Facility provided most current test 6/27/08 showing the tank passed the 0.2 gph test. VR printout showed monthly testing and passing dates for 8 of the ^{last} 12 months (missing Nov '07, Dec '07, Jan '08 and Feb '08).

Inspector's Signature: *Daryl Hinds*

Date: 6/27/08

Facility ID Number 2000271

Statistical Inventory Reconciliation N/A

Please complete all information for each tank. If this facility has more than 4 tanks, please photocopy and complete the information for all additional tanks.

Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available.

Please answer yes or no for each question

Records include monthly water monitoring. Yes ☐ No ☐

Tank inventory reconciled before and after fuel delivery. Yes ☐ No ☐

Appropriate calibration chart is used for calculating volume. Yes ☐ No ☐

Dispenser pumps are calibrated to within 6 cubic inches per five gallons. Yes ☐ No ☐

The drop tube in the fill pipe extends to within one foot of tank bottom. Yes ☐ No ☐

Answer one of the following three:

1) Owner can demonstrate consistency in dipsticking techniques. Yes ☐ No ☐

a) The dipstick is long enough to reach the bottom of the tank. Yes ☐ No ☐

b) The end of the gauge stick is flat and not worn down. Yes ☐ No ☐

c) The dipstick is legible & the product level can be determined to the nearest 1/8th inch. Yes ☐ No ☐

OR

2) Automatic tank gauge is used for readings. Yes ☐ No ☐

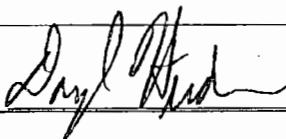
OR

3) Other method is used for readings (explain in comment section below). Yes ☐ No ☐

A third-party certification of the SIR method is available. Yes ☐ No ☐

Monitoring and testing records are maintained and available for the past 12 months. Yes ☐ No ☐

Comments:

Inspector's Signature: 

Date: 6/27/08

Spill/Overfill Prevention

	Tank 1 ⁰⁰¹	Tank 2	Tank 3	Tank 4
Are all tank transfers less than 25 gallons?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spill Prevention				
Is there a spill bucket (at least 5 gallons) or another device that will prevent release of product to the environment (such as a dry disconnect coupling)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overfill Prevention				
What device is used to prevent tank from being overfilled?				
Ball float valve	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Butterfly valve (in fill pipe)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Automatic alarm monitoring is used	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other alarm system	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DOES THE FACILITY HAVE A FINANCIAL ASSURANCE MECHANISM? YES ☒ NO ☐ (PROVIDE COMMENTS AS TO COMPLIANCE STATUS FOR 40 C.F.R. PART 280 SUBPART H.)

Cathodic Protection *N/A see below*

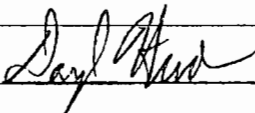
	Tank 1	Tank 2	Tank 3	Tank 4
Sacrificial Anode System				
Test results show a negative voltage of at least 0.85 volts (using the tank and a copper/copper sulfate cell)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The last two test results are available. (Tests are required every three years.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Impressed Current				
Rectifier is on 24 hours a day?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
The last two test results are available? (Tests are required every 60 days.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Test results show a negative voltage of at least 0.85 volts (using the tank and a copper/copper sulfate cell)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Comments: Tank is Buff hide (steel coated w/ fiberglass) and piping was flexible plastic.

Insured through Old Republic Insurance Company (Policy # NWZ7 50496).

No automatic alarm monitoring was observed. Butterfly valve was observed in the fill pipe

Inspector's Signature:



Date:

6/27/08

Attachment 2. Photo Log

DC Materials Company

Washington, DC

PHOTO LOG

DATE TAKEN: 06/27/08

TAKEN BY: D. Hudson

PHOTO #: 1

COMMENTS: Site overview: View of fueling dispenser and UST.

SITE LOCATION: View of DC Materials Company fueling station looking southwest.



DATE TAKEN: 06/27/08

TAKEN BY: D. Hudson

PHOTO #: 2

COMMENTS: Site overview: View of UST.

SITE LOCATION: View of DC Materials Company fueling station looking northeast.



DC Materials Company Washington, DC PHOTO LOG

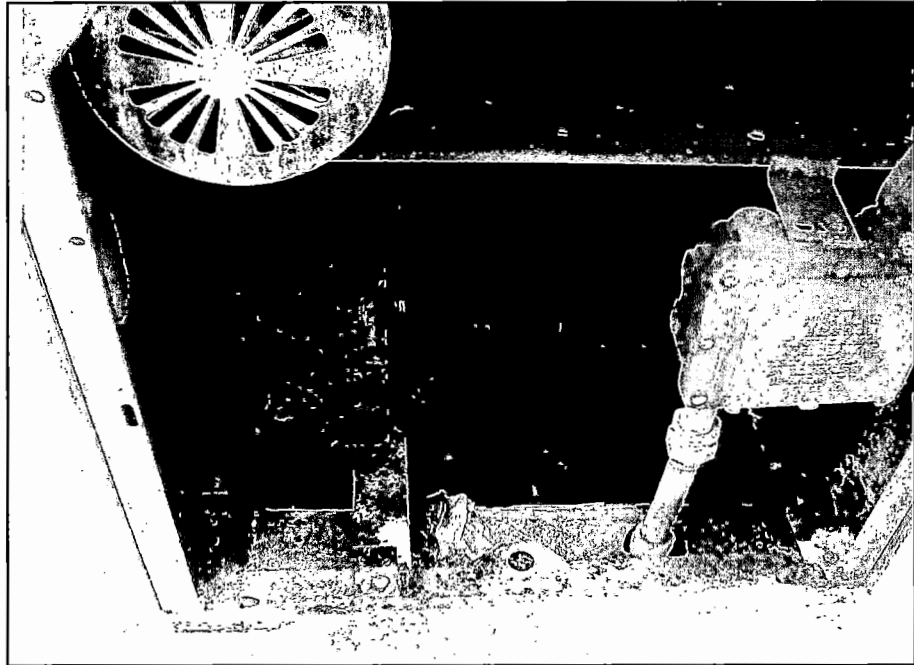
DATE TAKEN: 06/27/08

TAKEN BY: D. Hudson

SITE LOCATION: DC Materials Company fueling station

PHOTO #: 3

COMMENTS: Diesel dispenser.
Suction pump located under
dispenser and check valve under
pump.



DATE TAKEN: 06/27/08

TAKEN BY: D. Hudson

SITE LOCATION: DC Materials Company fueling station

PHOTO #: 4

COMMENTS: Diesel UST
manway access sump showing
flexible plastic suction piping and
liquid sensor.



Attachment 3. Tank Material of Construction

BETHLEHEM STEEL CORPORATION
BUFFALO TANK DIVISION
BALTIMORE, MD 21225

INVOICE

CUSTOMER CODE: 923700-00
PURCHASE ORDER: B-30908 11/7/85

INVOICE: 1120-1427
DATE: 11/21/85
CONTRACT: FBH0-1772

VIRGINIA CONCRETE INC
BOX 666
SPRINGFIELD VA 22150

SOUTH CAPITAL STREET
POTOMAC AVE SW
WASHINGTON DC

11/12/85 FROM FAIRFIELD MD
TERMINAL CORP

OUR WORKS
FREIGHT INCLUDED IN PRICE

UNITS	DESCRIPTION	UNIT PRICE	AMOUNT
-------	-------------	------------	--------

1	8' Ø x 32' 12,000 GAL BUFFHIDE TANK		6,774.00
3	HOLD DOWN STRAPS WITH TURNBUCKLES		

6% DC TAX 406.44

7,180.44

(33.87)

7146.57

REMIT TO P. O. BOX 1288, BUFFALO, NY 14240
PLEASE INCLUDE INVOICE NUMBER & CUSTOMER CODE ON REMITTANCE

TERMS: 30-1/2-10

CASH DISCOUNT: 33.87

1-025-0
JCC

Buffhide Warranty

Presented to:

Virginia Concrete Inc
Box 666
Springfield Va 22150



F

or a period of thirty (30) years from the date of shipment, if the material and workmanship furnished to the Buyer shall fail, through no fault of Buyer, and under normal usage and circumstances, whether due to internal corrosion, external corrosion or structural failure, the Seller shall, at its option, either credit or refund the purchase price, or repair or correct non-conforming material or workmanship or replace such non-conforming material at the original point of delivery. In no event shall Seller be liable for costs expended by Buyer and or others for any non-conforming material or workmanship, including costs expended in the removal of any vessel, or for consequential damages of any type or nature whatsoever, in contract or in torts to anyone by reason of the fact that such material or workmanship does not conform to this contract or to any express or implied warranty.

Bethlehem Steel Corporation

General Office

Box 2755

Baltimore, MD 21225

BUFFHIDE

30 YEAR WARRANTY

The following Buffhide Tanks
were sold to:

Virginia Concrete Inc.

Box 666

Springfield Va 22150

These Tanks were manufactured to
Buffhide Specifications by:

Buffalo Tank Division

1900 Frankfurst Ave

Baltimore Md

Date Delivered	Quantity	Size & Gauge	U/L Serial #
11/12/85	1	12,000 gal - 1/4" gauge FBHO-1772	J254545

If installed at different location than
above, give new information:

South Capital Street & Potomac Ave SW

Washington DC

I hereby certify that the above
information is correct:

Signed: R. C. Schmitt

Date: 11-21-85

Canary - Customer Copy

Pink - Manufacturer Copy

Attachment 4. Veeder-Root Monitor Leak Detection Results

D.C. MATERIALS
25 POTOMAC AVE SE
WASHINGTON, DC

JUN 27, 2008 1:17 PM

INVENTORY REPORT

T 1:DIESEL
VOLUME = 5914 GALS
ULLAGE = 6086 GALS
90% ULLAGE = 4886 GALS
TC VOLUME = 5899 GALS
HEIGHT = 47.46 INCHES
WATER VOL = 50 GALS
WATER = 1.78 INCHES
TEMP = 65.4 DEG F

***** END *****

D.C. MATERIALS
25 POTOMAC AVE SE
WASHINGTON, DC

JUN 27, 2008 1:17 PM

LEAK TEST REPORT

T 1:DIESEL
PROBE SERIAL NUM 030574

MOST RECENT AVERAGED
TEST STARTING TIME:
JUN 22, 2008 11:30 PM

AVG LENGTH = 2.0 HRS
AVG VOLUME = 8324.4 GAL

AVG LEAK TEST RESULTS
0.20 GAL/HR TEST PASS

***** END *****

TANK LEAK TEST HISTORY

T 1:DIESEL

LAST GROSS TEST PASSED:
JUN 22, 2008 11:30 PM
STARTING VOLUME = 7457
PERCENT VOLUME = 62.1
TEST TYPE = STANDARD

LAST PERIODIC TEST PASS:
JUN 22, 2008 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 8324
PERCENT VOLUME = 69.4
TEST TYPE = STANDARD

FULLEST PERIODIC TEST
PASSED EACH MONTH:

MAR 23, 2008 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 7896
PERCENT VOLUME = 65.8
TEST TYPE = STANDARD

APR 20, 2008 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 6326
PERCENT VOLUME = 52.7
TEST TYPE = STANDARD

MAY 4, 2008 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 6859
PERCENT VOLUME = 57.2
TEST TYPE = STANDARD

JUN 15, 2008 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 9930
PERCENT VOLUME = 82.8
TEST TYPE = STANDARD

JUL 29, 2007 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 7475
PERCENT VOLUME = 62.3
TEST TYPE = STANDARD

AUG 5, 2007 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 8519
PERCENT VOLUME = 71.0
TEST TYPE = STANDARD

SEP 9, 2007 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 7955
PERCENT VOLUME = 66.3
TEST TYPE = STANDARD

OCT 28, 2007 11:30 PM
TEST LENGTH 2 HOURS
STARTING VOLUME = 7218
PERCENT VOLUME = 60.2
TEST TYPE = STANDARD

Attachment 5. Proof of Financial Assurance

CERTIFICATE OF INSURANCE (DISTRICT OF COLUMBIA)

Name:
[name of each covered location] Vulcan Materials Company

Address:
[address of each covered location] 25 Potomac Avenue SE
Washington, DC 20003

Policy Number: MWZZ 50496

Endorsement (if applicable):

Period of Coverage: 1-1-08 to 1-1-09

Name of Insurer: Old Republic Insurance Company

Address of Insurer: 445 South Moorland Road
Brookfield, WI 53005

Name of Insured: Vulcan Materials Company

Address of Insured: 1200 Urban Center Drive
Birmingham, AL 35242

Certification:

1. Old Republic Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tank(s):

<u>UST Facility I.D. Number</u>	<u>Number of UST(s)</u>	<u>Name/Address of UST Facility</u>
	1	Vulcan Materials Company 25 Potomac Ave., SE Washington, DC 20003

for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases in accordance with and subject to the limits of liability, exclusions, conditions and other terms of the policy; arising from operating the underground storage tank(s) identified above.

The limits of liability are \$ 2,000,000 each occurrence
\$ 2,000,000 annual aggregate,

exclusive of legal defense costs which are subject to a separate limits under the policy.

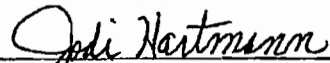
This coverage is provided under MWZZ 50496

date of said policy is 1-1-08 to 1-1-09

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies.
- b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in §§6703 through 6710.
- c. Whenever requested by a Director, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- d. Cancellation or any other termination of the insurance by the Insurer, except for nonpayment of premium or misrepresentation by the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the insured. Cancellation for nonpayment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of ten (10) days after a copy of such written notice is received by the insured.
- e. The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six (6) months of the effective date of cancellation or nonrenewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions, limits, including limits of liability, and exclusions of the policy.

I hereby certify that the wording of this instrument is identical to the wording in Appendix 67-4 of the UST Regulations, (DCMR Title 20, Environment, and that the Insurer is licensed to transact the business of insurance in one or more states.



[Signature of authorized representative of Insurer]

Jodi Hartmann

[Name of person signing]

Senior Account Manager

Authorized Representative of Old Republic Insurance Company

445 S. Moorland Rd., Ste. 300, Brookfield, WI 53005

[Address of Representative]